

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/590923

8-25-06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1		
2						
3						
4						
5						
6						
7		①				
8	1		1			
9						
10						
11						
12						
13						
14		①				
15	1		1			
16	1		1			
17			1			
18						
19						
20						
21						
22						
23			1			
24			1			
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26			1			
27			1			
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49						
50						
TOTAL IND.			7			
TOTAL DEP.		27				
TOTAL CLAIMS		34				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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